

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/532 092

FILING DATE

4-21-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20			1			
21				1-		
22			1			
23				1-		
24				1-		
25				1-		
26				1-		
27				1-		
28				1-		
29				1-		
30				1-		
31				1-		
32				1-		
33				1-		
34				1-		
35				1-		
36				1-		
37			1			
38				1-		
39						
40						
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42						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			19			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						